

Simplified Risk Assessment

for community-based residential providers

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June 2013



INTRODUCTION

This document is the result of a collaborative effort where the goal was to develop a basic strategy to address risk assessment that could be built on and adopted consistently throughout the agency.

It's goal is not to list every known hazard and possible risk along with the solution to mitigate the damages, but to serve as a guide or tool to be used to promote awareness as well as creativity in assessing and addressing risks and reducing avoidable incidents in community-based residential housing.

Knowing that there is dignity in choice, risks must be analyzed and then balanced based on the uniqueness of the individual and their environment. Identifying the risk is the first step in planning.

Most actions carry some degree of risk. Walking down the street can be a risk; we might get hit by a car or fall and skin our knees yet we can't give up walking. Sometimes people are so afraid of what can go wrong that they don't live a full life. In many cases it requires negotiation and creativity as well as a common understanding of the goals.

Risk mitigation can also be referred to as using safeguards. Safeguards apply to both the individual receiving services as well as the service provider. Safeguards are intentional actions to help reduce the risks a person or family might face because of their vulnerabilities. Everyone is at risk or vulnerable at some time in their life, however people with disabilities may face enhanced risks because of their disability.

Safeguards are meant to be empowering and they can prevent a bad outcome. They can help a person, as well as an agency, be better prepared and create a positive result and potentially offer a sense of security to the individual, their family and staff members.

For an agency, intentional safeguards can show a level of professionalism and in the event of an incident will document best practices and procedures to investigators and to the public.

Intentional safeguards can help us learn from mistakes thus improving the quality of individual's lives as well as the quality and strength of community residential services.

“Some risks, some suffering, is integral to our common humanity. It is impossible to defend against it without destroying the fabric of human life. But without vigilant and vigorous protection, people with disabilities are far too often neglected and abused. This is the dilemma we face: how do we collectively protect people without patronizing them or destroying their opportunities?”

~John O’ Brien /Responding to Vulnerability

*Choice is
empowering and it
enriches the quality
of life but so does the
assurance of a safe
environment.*



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Objectives: As a result of this assessment you will:

1. Identify risks related to hazards and vulnerabilities.
2. Evaluate, plan, implement and review/revise risks as an on-going cycle of risk assessment.
3. Apply the risk matrix and simplified risk scoring tools.
4. Justify agency actions on behalf of individuals to reduce their risks and increase their safety.
5. Design plans of injury and risk prevention.

Over time, people change. The aging process alone can increase a person's risk which needs to be addressed. By revising and reviewing in a cycle that is manageable for the agency and the individual, safety will increase.

Annually:

Individual Safety and Preparedness Self-Assessment

Semi Annually:

Risk Assessment Review Worksheet to coincide with IISP 6 month review,
Personal Safety Essentials (choice of example 1 or 2) to coincide with IISP 6 months review.

Monthly:


Monthly Client Questionnaire

As needed:

Employee Description of Hazard

*Before you begin to complete the forms, PLEASE READ
through the entire document.*

Note where the forms are (both electronic and printable for paper copies) and where you are required to apply what you learned.

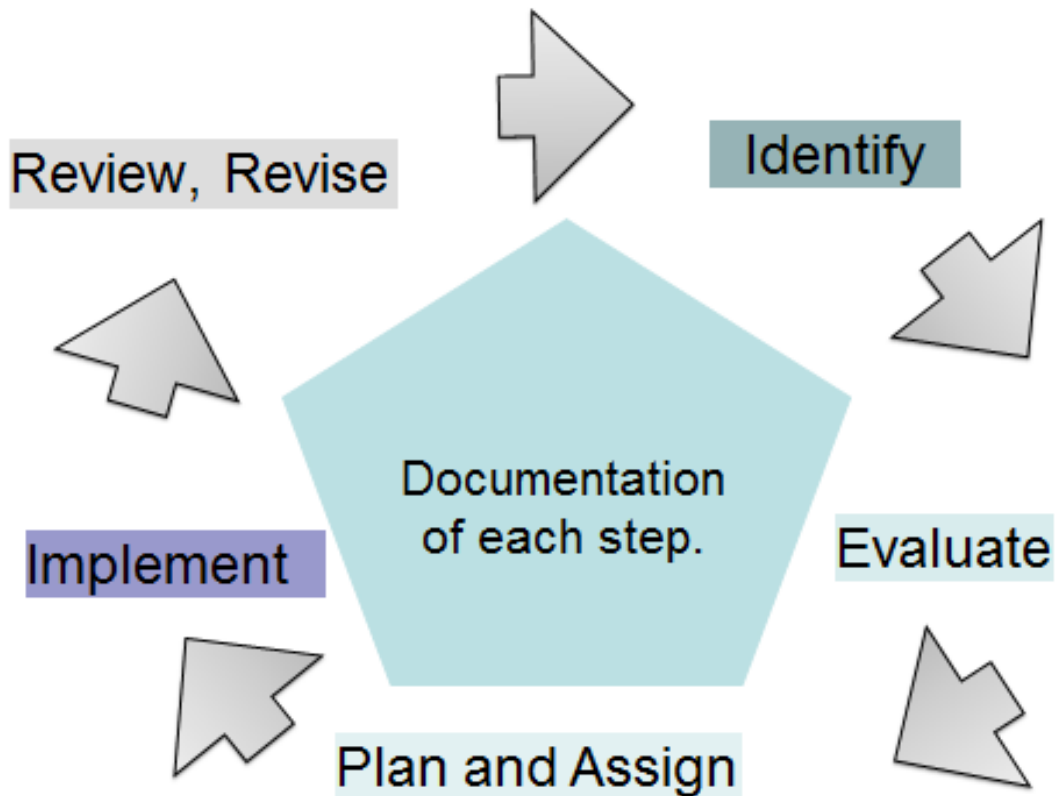
After reading the document follow these simple instructions to complete the forms included here. Some of the forms have drop down boxes so you can simply choose the appropriate answer. This also guides you in your understanding of what information the form is requesting. A  will indicate when you are to go to a form.

You will need the Manual for clarification as needed and the templates in this Guide to complete the assessment. The risk assessment includes the following forms:

1. Identify
2. Risk Assessment Review Worksheet
3. Monthly Client Questionnaire
4. Personal Safety Essentials: choose sample one or sample two but do not do both
5. Individual Safety Preparedness Self-Assessment (as appropriate)
6. Employee Description of Hazard form tool or other method to gather this information. (i.e. a t-log in Therap)
7. Method to document follow-up on *see something, say something (not electronic)*

The simplified risk assessment is a series of documents that:

1. Identifies the risk and the cause of the risk as it relates to this individual.
 2. Documents the level of risk as it relates to the individual.
 3. Provides documentation of the process and implementation as well as the reviews as required.
 4. Provides structure to the process and the planning.
 5. Provides clear instructions to staff to prevent injury and increase safety.
-



IDENTIFY: Use the information included in the referral packet, the ISP, history, person-centered-planning process to identify and list out risk factors

EVALUATE: Assess the hazards, determine and rate the risks using simple formulas

PLAN & ASSIGN: Make plans for safeguards. Assign responsibility to a specific person (s)/position. Record findings, the proposed actions and safeguards in the IISP

IMPLEMENT: Do it. Implement the plan and the safeguards. Record the implementation date and have the responsible person(s) sign off

REVIEW . REVISE . REVIEW. REVISE: Schedule reviews at regular intervals. Reviews must be signed and dated. This is an on-going process. Life is always changing.

Document . Document . Document.

Step 1: IDENTIFY

A Hazard is defined as a potential source of harm or damage that may pose a level of risk. Most hazards are possibilities with only a theoretical risk of harm. Many things may constitute a hazard. Hazards can be actions, activities or objects.

A Risk is the likelihood or potential that a specific action or activity (including the choice of in-action) will lead to an undesirable outcome.

Hazard and vulnerability can interact together to create risk. Not every hazard is a risk. It's when the hazard coincides with the individual's vulnerabilities that the hazard becomes a risk. Lives change, environments change and vulnerabilities also change. Some changes may mean that new safeguards are required while others may render current safeguards unnecessary.

Below are a few hazards, related risks and issues that may make a risk relevant to a particular client in a residential setting:

| Hazard Summary | Associated Risk | Issue that makes risk relevant to specific client | Who is affected? |
|------------------------|---------------------------|---|---|
| Personal Care: Bathing | Fall | Seizure Disorder | Client |
| Kitchen Cutlery | Injuries from unsafe use. | Aggressive behavior-uses "improvised" weapons | Client, Housemates, Direct Staff, Community |
| Medication | Overdose | History of attempted over-dose | Client |
| Matches | Arson | Fascinated with fire; doesn't understand risks. | Client, Housemates, Direct Staff, Community |
| Throw Rugs | Trip and Fall | Unsteady Gait | Client, Housemates, Direct Staff |

Additional Examples of Risks

Abuse/Neglect/Exploitation

Financial
Lifestyle

Medical

Diabetes
Seizures
Heart
Respiratory/allergy
Skin integrity

Behavioral

Aggression towards other persons/animals
Inappropriate sexual behavior
Self-injurious behavior
Food seeking

Legal

Guardianship
Custody issues
Finances

Environmental

Fire/earthquake/flooding
House configuration
Neighborhood
Hot water
Storage of cleaning supplies

Falls

Home/Yard
Bathroom
Stairs
Community

**This list is an excerpt from IISP policy, THERAP and is not all-inclusive*

1 First you will identify the risk factors. Using the table on page 8 select a Hazard type or identify your own based on the individual. Note the associated risk. Add your own as needed. Identify what issue makes this person at risk. Who is affected? Fill in the information on the form as you go through each column.



Use the form on the next page as a template. Insert your information in the table.

Identify: for an example of this completed form see page 8 of the manual

| | | | |
|--|---|---|--|
| Name: Click here to enter text. | | Date: Click here to enter text. | IISP date: Click here to enter text. |
| Hazard Summary: use data collection if available | Associated Risk | Issue that makes risk relevant to this person | Who is affected? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Review again date: [Click here to enter text.](#) Next IISP review: [Click here to enter text.](#)

Reviewer: [Click here to enter text.](#) Date reviewed: [Click here to enter text.](#)

File this information in the individual's book under a tab marked "risk assessment" or add to an electronic file by attaching it to the individual's record.

Step 2: EVALUATE

Risk Assessment & Scoring


The goal of risk assessment is to support increased competence, safety, and residential guidelines, not removing all risk to everyday life. Determining the level of risk, helps to determine the level of safeguards which will be the most effective in reducing the consequences and the likelihood of the risks.

A risk matrix is a support tool which can be used to make informed choices. There are limitations to a risk matrix because it is possible for identical ratings to be assigned to significantly different risks. The risks and ratings are as unique as the individual, the situation, and their tolerance for risk. So while the risk matrix is not scientific, it can correctly and clearly compare risks based on projected consequences and likelihood.

Risk factors must be documented in the IISP. All assessments and plans should be accurately recorded in a clear and concise manner so that decisions are transparent. Action plans should be developed, assigned and signed off by staff and all team members and revised as necessary.

Documentation should show that:

- a comprehensive assessment was done to identify all of the hazards and determine if they presented any risks.
- the precautions and safeguards are appropriate and reasonable and that the remaining risk is acceptable. Also, consider if there is a benefit which outweighs the risk.
- the plan is effective and sustainable.
- the plan has been agreed on by the team, assigned and documented with scheduled reviews.
- there is a plan to revise whenever there has been a change to condition or environment; however the IISP is reviewed every 6 months per DDA policy.

 On page 24 of the manual you will see a risk matrix. This matrix, along with information on page 15 will be used to complete the next form. Please take note of the color coding. Can you tell which risks are higher? Sure! The red indicates the highest risk! The form on the next page only wants to capture the medium to high risks. This form is goof proof. Once you select the appropriate choice in the first column you will identify the level of risk using the table on page 15.

Go ahead and complete that form. Wasn't that easy?

Risk Assessment Review Worksheet

Use the tables on pages 23 and 24 of the Manual and the samples on pages 32- end.

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

Living situation (i.e., roommates, lives alone): [Click here to enter text.](#)



Date of Recent Photo: [Click here to enter text.](#)

The assessment must be completed by the Residential Site Manager and it becomes an addendum to the IISP. Use the Risk Matrix to score the risks. The scoring is 0, 1, 2, 3, 4, or 5 and there are two ratings; Likelihood and Consequences. Zero is an acknowledgement that no risk applies. 1 is the lowest and 5 is the highest level of risk. Use this form to list risks which rate a "3" or above on either the likelihood or the consequences scale.

Risk Categories:

*Abuse/Neglect/Exploitation *Behavioral *Falls *Environment *Legal/financial *Other

*Medical including allergies and skin integrity

An example of an Environmental Risk might include stairs or configuration of the house. Behavioral Risks might include elopement or smoking in bed. Some risks might fit in more than one category; find the most appropriate fit. It isn't necessary to list the same risk under multiple categories. Risks should be reviewed whenever there is a change to person's needs or environment.

| Risk Category | Likelihood Rating | Consequence Rating | Total Rating | Description/Details | Initials | Review Date/Freq. |
|-----------------|-------------------|--------------------|--------------|---|----------|-------------------|
| Choose an item. | Select rating | Select rating | Select | Click here to enter text. | | |
| Choose an item. | Select rating | Select rating | Select | Click here to enter text. | | |
| Choose an item. | Select rating | Select rating | Select | Click here to enter text. | | |
| Choose an item. | Select rating | Select rating | Select | Click here to enter text. | | |
| Choose an item. | Select rating | Select rating | Select | Click here to enter text. | | |
| Choose an item. | Select rating | Select rating | Select | Click here to enter text. | | |
| Choose an item. | Select rating | Select rating | Select | Click here to enter text. | | |

Signature: _____ Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text](#)

Title: [Click here to enter text.](#)

Step 3: PLAN & ASSIGN

Once risks have been identified and evaluated, they will be properly addressed within the IISP. Consideration is given to the types of safeguards, if any, that are necessary and available to mitigate the risks. Steps of the risk assessment process are documented in a transparent fashion that will facilitate easy reviews and revisions. Documentation should include the following information:

- Risk
- Safeguards
- Who is the responsibility assigned to?
- Desired outcome

Plan:

While the objective of planning is to find a way to reduce the risks directly affecting the client, it's necessary to recognize that risks are not limited to just the client. They may affect the direct staff, the household, the agency and/or the community at large.

Safeguards will vary based on the uniqueness of the situation and the individuals involved. Each agency will have its own procedures to determine the appropriate safeguards and strategies. Sometimes the best safeguards are informal actions that prevent things from going wrong. For instance, it can be as simple as removing a “throw” rug that someone could slip on.

One of the most valuable assets in risk prevention is well-trained direct staff members. Often their feedback is integral to the process. A direct staff member should be empowered to think on their feet and be active in the implementation of everyday safeguarding.

Intentional safeguard planning recognizes that there is no guarantee that all risks are removed. Things change and not everything can be foreseen; constant oversight is required. Responsibility for safeguards must be assigned and agreed upon safeguards must be implemented. Documentation needs to be completed and regularly updated.

Record your findings, proposed plans and safeguards. Document the identified risks and how they will be mitigated. Safeguards need to be reasonable and the remaining risks must be acceptable and sustainable.

Assign:

Identify who will be responsible for all safeguards. All safeguards must be assigned to a respon-

sible party for implementation and review. A chain of command delegates the responsibilities.

3 Personal Safety Essentials

The purpose of the next form is written right on the form. Take a moment to find the purpose.



To complete the form:

1. **Choose a color:** If you need to check to make sure you choose the correct color, go back to the chart on page 24. Each number corresponds with a color.
2. **Insert the number into the "score"** for each risk identified using the form in step 2 "*total rating*".
3. **Choose an item from the risk category.**
4. **Add comments or details.** Use the example on page 36. The comments are kept short and to the point.
5. **Complete the contact information in the blue box.** Don't forget to sign and date. Risk assessments become a part of the history for a person. Dating and saving these documents will provide you with trend information as well as history of the risks.

Record your plan in the box marked "agency plan" based on information from page 9

- Document your plan
- Document the safeguards
- Document who is responsible to carry out the plan and how
- Document how remaining risk is acceptable and
- Document how the plan is sustainable.



Personal Safety Essentials

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

Date of Recent Photo: [Click here to enter text.](#)

This form is to be completed with summarized information from the IISP and placed in the front of the client notebook to provide awareness of the high level risks which require the ongoing caution/action of the support staff. **List only issues particular to the individual which rate a combined score of "5" or higher on the Risk Matrix.** Risk Categories include: Abuse/Neglect/Exploitation; Falls; Environment; Legal/Financial; Medical including allergies/skin integrity; Other.

| Rating: Check One | Score | Risk Category | Details/Comments |
|---|-------|-----------------|---|
| <input type="radio"/> <input type="radio"/> | | Choose an item. | Click here to enter text. |
| <input type="radio"/> <input type="radio"/> | | Choose an item. | Click here to enter text. |
| <input type="radio"/> <input type="radio"/> | | Choose an item. | Click here to enter text. |
| <input type="radio"/> <input type="radio"/> | | Choose an item. | Click here to enter text. |
| <input type="radio"/> <input type="radio"/> | | Choose an item. | Click here to enter text. |
| <input type="radio"/> <input type="radio"/> | | Choose an item. | Click here to enter text. |
| <input type="radio"/> <input type="radio"/> | | Choose an item. | Click here to enter text. |

EMERGENCY AGENCY CONTACTS:

[Click here to enter text.](#)

Agency On-call Number

[Click here to enter text.](#)

Supervisor Number

[Click here to enter text.](#)

Other

Attention Staff: For further detail see IISP

Agency Plan / Personal Support Plan:

[Click here to enter text.](#)

Completed by: [Click here to enter text.](#)

Signature: _____ Date: [Click here to enter a date.](#)

4 Personal Safety Essentials #2



It is **NOT** necessary to complete the previous form **AND** this form. You may if you choose.

The purpose of this form is the same but it is laid out differently and is an option for your use.



Personal Safety Essentials #2

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

Date of Recent Photo: [Click here to enter text.](#)

This form is to be placed in the front of the Client notebook to provide immediate access to the risks which require the immediate attention of direct support staff. For additional information see the IISP.

| Rating | Abuse/Neglect/Exploitation | Details/Comments |
|--------|----------------------------|------------------|
| | | |
| | | |

| Rating | Behavior | Details/Comments |
|--------|----------|------------------|
| | | |
| | | |

| Rating | Falls | Details/Comments |
|--------|-------|------------------|
| | | |
| | | |

| Rating | Environmental | Details/Comments |
|--------|---------------|------------------|
| | | |
| | | |

| Rating | Legal/Financial | Details/Comments |
|--------|-----------------|------------------|
| | | |
| | | |

| Rating | Medical/Allergies | Details/Comments |
|--------|-------------------|------------------|
| | | |
| | | |

EMERGENCY AGENCY CONTACTS:

[Click here to enter text.](#)

Agency On-call Number

[Click here to enter text.](#)

Supervisor Number

[Click here to enter text.](#)

Agency Plan/Personal Support Plan:

[Click here to enter text.](#)

Completed by: _____ Date: _____

Step 4: IMPLEMENT

Do it. Take action in a timely manner based on your plan. This may include training, plan writing, and/or physical modification of the environment.

Implementation of a plan requires everyone to be on the same page. Each staff, on every shift, needs to know the information and to consistently implement the plan you have developed. Every change makes it more difficult for the individual you are supporting to be successful. Check in with staff regularly.



Use the monthly client questionnaire on page 19 to address concerns and document your work.

Monthly Client Questionnaire

To be completed monthly by a Site Manager/Supervisor with responsibility for direct staff. This needs to be a face-to-face interview and the client's responses documented in the client's own words.

| Client | Month/Year | Date Visit Completed |
|---|---|---|
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Questions:

1. Are there any concerns you want to talk about? (list concerns and resolutions discussed) [Click here to enter text.](#)
2. Have there been any significant changes this past month? (examples: move to new house; new roommate; new job; injury; illness; family situation) [Click here to enter text.](#)
3. Support Routines. (Review the typical daily activities. List any problem areas and note any change that is made or that needs to be discussed further.) [Click here to enter text.](#)
4. Staffing. (Talk with the client about all staff who have worked during the last month. Note all concerns; also note positive statements. [Click here to enter text.](#)
5. Identifying Abuse/ Neglect issues including "safe people". (Use this conversation to reinforce that the client is aware of who would be a safe person(s) that they could talk to about abuse/neglect issues. Assess if there are any issues that need to be further addressed or reported.) [Click here to enter text.](#)
6. Other concerns not previously discussed. (Inquire if there are any other concerns or issues that have come up during the past month.
[Click here to enter text.](#)

Reviewed by: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Signature: _____ Date: [Click here to enter text.](#)

Action Taken: [Click here to enter text.](#)

Follow-up Required: [Click here to enter text.](#)

Assigned to: [Click here to enter text.](#) Date: [Click here to enter text.](#)

"People with disabilities share the same risks as everyone else in society; with less power to deal with them. No one has the power to control all the threats to safety and well being. But people with disabilities typically have a much smaller area of power over the environments they live in than the rest of us." ~John O'Brien /Responding to Vulnerability

Step 5: REVIEW—REVISE—REVIEW—REVISE

Risk assessments and safeguard planning should be reviewed and revised in the IISP routinely, every 6 months at a minimum per DDA policy. Additionally the plans must be revised any time there is a change to the client's situation; personal, medical or environmental. Communicate all changes to the IISP to the Case Manager so that the ISP can be updated.

Clear documentation is necessary to create a history of the risk assessment process and any safeguards implemented.



Use the individual Safety and Preparedness Self-Assessment form on page 21 no less than annually. It will become part of your IISP documentation. The goal is to have the individual complete it on their own however it is understood that other modifications may be necessary to complete this page. It can be completed during the face to face interview for the Monthly Client Questionnaire, shortly before the ISP assessment meeting annually or whenever there is a change in status.

Over time, people change. The aging process alone can increase a person's risk which needs to be addressed. By revising and reviewing in a cycle that is manageable for the agency and the individual, safety will increase.

Individual Safety and Preparedness Self-Assessment

To be completed by the individual and/or their family.

Name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

My Life and Safety Plan

This worksheet is for me to see where I am prepared and where I need support to safely live in the community. (A familiar support staff may have this electronic form available during the interview as a modification and to take notes for those who cannot read or write.)

I am confident doing: [Click here to enter text.](#)

I might need a reminder to: [Click here to enter text.](#)

I could use assistance to: [Click here to enter text.](#)

I need extra assistance to: [Click here to enter text.](#)

My goal is to: [Click here to enter text.](#)

I want assistance from these people: [Click here to enter text.](#)

Signature: _____

Received by: _____

Date: [Click here to enter text.](#)

Section 2:

TOOLS

- Simplified Risk Scoring by Color
- Risk Matrix

FORMS

- Risk Assessment Review Worksheet
 - Monthly Client Questionnaire
 - Personal Safety Essentials (2 samples)
 - Individual Safety Preparedness
Self-Assessment
 - Employee Reporting of Hazards
-

THINKING ABOUT RISKS MAKING IT EASY.

Simplified Risk Scoring by color

The Risk scoring can be easily explained by using colors similar to the traffic light system; Green for Go, Yellow for Caution, and Red for Stop. Risks are rated on two separate scales, one for Consequences and one for Likelihood.

- Green is used in both scales. It signifies “Negligible” on the Consequences scale and “Rare” on the Likelihood scale. Like a traffic light, green means you can go if it is safe. Before proceeding you must take the minimum precaution of looking both ways.
- Yellow is “Moderate” on the Consequences scale and “Possible” on the Likelihood scale. A yellow signal indicates that caution is required—be prepared to stop, analyze the situation and proceed with caution.
- Red signifies “Catastrophic” on the consequences scale and on the Likelihood scale it represents an “Almost certain” likelihood. A red signal says STOP. This is the time to stop and you may not proceed until something has shifted to make it is safe to do so.

Note: Other colors can be added for more specificity (i.e. chartreuse green for risks that fall between Negligible/Rare and Moderate/Possible. Orange for risks falling between Moderate/Possible and Catastrophic/Almost Certain as shown on the Risk Matrix.



| | | | |
|--------------|------------|----------|--------------|
| Consequences | Negligible | Moderate | Catastrophic |
|--------------|------------|----------|--------------|

| | | | |
|------------|------|----------|----------------|
| Likelihood | Rare | Possible | Almost Certain |
|------------|------|----------|----------------|

Numerical values can also be assigned for planning purposes as shown in the Risk Matrix

Risk Matrix

A risk matrix is not scientific; it is merely a support tool which can be used to visually analyze data as you make informed choices and compare risks based on projected consequences and likelihood.

| | | | | | | |
|----------------------------|--------------------|--|---------------------|------------------------|-------------------|------------------------------|
| Catastrophic (5) | 6 | | 7 | 8 | 9 | 10 |
| Major (4) | 5 | | 6 | 7 | 8 | 9 |
| Moderate (3) | 4 | | 5 | 6 | 7 | 8 |
| Minor (2) | 3 | | 4 | 5 | 6 | 7 |
| Negligible (1) | 2 | | 3 | 4 | 5 | 6 |
| | Rare (1) | | Unlikely (2) | Possible (3) | Likely (4) | Almost Certain (5) |

Matrix Key

Consequences

- 5 Catastrophic
- 4 Major
- 3 Moderate
- 2 Minor
- 1 Low

Likelihood

- 5 Almost Certain
- 4 Likely
- 3 Possible
- 2 Unlikely
- 1 Rare

The numbers are associated with the “consequences” (how bad) and the “likelihood” (how often). Add the two numbers together is a way to score the risk and set priorities for planning. All risks which are identified must be documented regardless of rating, showing that there was a discussion of the risks and the possible safeguards. If no action is taken, documentation must show benefits of risk outweighed consequences, thorough documentation notes, discussions and participants.

Scoring and Planning

2 Negligible/Rare

Team members discuss what safeguards are needed to be prepared in the event of an occurrence. Document by completing a checklist of events/behaviors from the ISP.

3-4 Minor/Unlikely

Increased safeguards need to be balanced with the person’s choices.

5 Moderate/Possible

Caution needed when reviewing. Plan reasonable safeguards that allow for dignity of risk but minimizes the risk factors. After the safeguards have been put in place re-evaluate to determine if they need to be adjusted.

6-7 Major/Likely

Active safeguards and oversight need to be in place. Safeguards need to balance choice and risk factors.

8-10 Catastrophic/Almost Certain

High risk requires detailed plans/safeguards and communication.

Risk Assessment Review Worksheet

Name: _____

DOB: _____

Address: _____

Living Situation (i.e. roommates, lives alone): _____

The assessment must be completed by the Residential Site Manager and it becomes an addendum to the IISP. Use the Risk Matrix to score the risks. The scoring is 0, 1, 2, 3, 4 or 5 and there are two ratings; Likelihood and Consequences. Zero is an acknowledgement that no risk applies. 1 is the lowest and 5 is the highest level of risk. Use this form to list risks which rate a "3" and above on either the likelihood or consequences scale.

Risk Categories:

* Abuse Neglect Exploitation

* Behavioral

* Falls

* Environment

* Legal Financial

* Medical including allergies & skin integrity

* Other

An example of an Environmental Risk might include stairs or configuration of the house. Behavioral Risks might include elopement or smoking in bed. Some risks might fit in more than one category; find the most appropriate fit. It isn't necessary to list the same risk under multiple categories. Risks should be reviewed whenever there is a change to the client's needs or environment.

| Risk Category | Likelihood Rating | Consequence Rating | Total Rating | Description/Details | Initials | Review Date/Freq |
|---------------|-------------------|--------------------|--------------|---------------------|----------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature: _____ Date: _____

Title: _____

Monthly Client Questionnaire

To be completed monthly by a Site Manager/Supervisor with responsibility for direct staff. This needs to be a face-to-face interview with the client and documented the client's own words.

| Client | Month/Year | Date Visit Completed |
|--------|------------|----------------------|
| | | |

Questions:

2. Are there any concerns you want to talk about? (list concerns and resolutions discussed)

2. Have there been any significant changes this past month? (examples: move to new house; new roommate; new job; injury; illness; family situation)

3. Support Routines. (Review the typical daily activities. List any problem areas and note any change that is made or that needs to be discussed further.)

6. Staffing. Talk with the client about all staff who have worked during the last month. Note all concerns; also note positive statements.

7. Identifying Abuse/ Neglect issues including "safe people" (Use this conversation to reinforce that the client is aware of who would be a safe person (s) that they could talk to about abuse/neglect issues. Assess if there are any issues that need to be further addressed or reported.)

6. Other concerns not previously discussed. (Inquire if there are any other concerns or issues that have come up during the past month.

Reviewed by: _____ Title: _____

Signature: _____ Date: _____

Action Taken: _____

Follow-up Required: _____

Assigned to: _____ Date: _____

"People with disabilities share the same risks as everyone else in society; with less power to deal with them. No one has the power to control all the threats to safety and well being. But people with disabilities typically have a much smaller area of power over the environments they live in than the rest of us." ~John O'Brien /Responding to Vulnerability

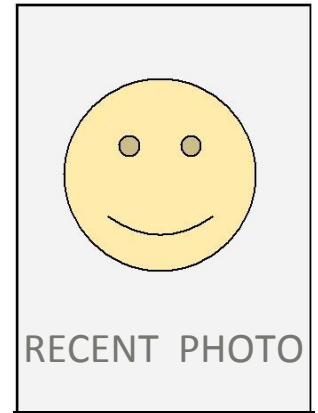
Personal Safety Essentials SAMPLE # 1

Name: _____

Address: _____

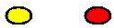
Date of Birth: _____

This form is to be completed with summarized information from the IISP and placed in the front of the Client notebook to provide awareness of the high level risks which require the ongoing caution/action of the direct staff. **List only issues particular to the individual which rate a combined score of "5" or higher on the Risk Matrix.** Risk Categories include: Abuse/Neglect/Exploitation; Behavioral; Falls; Environment; Legal/Financial; Medical including allergies/skin integrity; Other.



Date of Recent photo: ____

Rating
Circle One:



| Score | Risk Category | Details/Comments |
|-------|---------------|------------------|
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| | | |

EMERGENCY AGENCY CONTACT

NUMBERS:

Agency on Call Number

Supervisor Number

Agency Plan / Personal Support Plan


Continue on back for additional space

Completed by: _____

Signature: _____

Attention Staff:
For further details see IISP

Date of Birth:



RECENT PHOTO

**EMERGENCY
AGENCY CONTACT
NUMBERS:**

| Rating | Medical /Allergies | Details/Comments |
|--------|--------------------|------------------|
| | | |
| | | |

Supervisor Number

[illegible]

For further details see IISP

Individual Safety Preparedness Self-Assessment

To be completed by the individual and /or their family.

Name: _____ Date: _____

My Life and Safety Plan

This worksheet is for me to see where I am prepared and where I need support to safely live in the community.

I am confident doing:

I might need a reminder to:

I could use assistance to:

I need extra assistance to:

My goal is to:

I want assistance from these people:

Signature: _____

Received by: _____

Employee Description of Hazard

Today's Date: _____ Your Name (optional): _____

Briefly describe the workplace hazard:

Where is the hazard located (be specific)?

See Something

Say Something

Employee Description of Hazard

Today's Date: _____ Your Name (optional): _____

Briefly describe the workplace hazard:

Where is the hazard located (be specific)?

See Something

Say Something

-Employee Description of Hazard

Today's Date: _____ Your Name (optional): _____

Briefly describe the workplace hazard:

Where is the hazard located (be specific)?

See Something

Say Something

Reported to: _____ **Hazard evaluated by:** _____

Actions to correct hazard:

Corrected by: _____ Date corrected: _____

Documented: _____

Reported to: _____ **Hazard evaluated by:** _____

Actions to correct hazard:

Corrected by: _____ Date corrected: _____

Documented: _____

Reported to: _____ **Hazard evaluated by:** _____

Actions to correct hazard:

Corrected by: _____ Date corrected: _____

Documented: _____

[back](#)

Section 3:

SAMPLE SCENARIOS

SAMPLE SCENARIO: GEORGE

George has received services from AAA supported Living for 20 years. He has been active in the community and recently retired from Jack in the Box. He is well known in his community as he walks everywhere and always stops to chat with folks. The local Lions Club threw a 60th birthday party for him with over 150 people in attendance.

George enjoys relaxing at home by doing puzzles. In the evenings he can usually be found sitting at his table working on an intricate puzzle. Over the past 2 months George has occasionally stated that his legs feel

"fizzy". Every once in a while staff would observe him walking an indirect route to the bathroom, holding onto a piece of furniture or touching the wall. He has also stayed home more than usual.

Most recently staff noticed George was rubbing his chest and seemed anx-i-ous. When questioned he said he was OK but was going to take a nap.

Staff person notified her supervisor that "something just didn't seem right with George".

Agency nurse came out to check on George and found nothing specific. She set up an appointment for the next day with George's physician. Staff was directed to document his activities for the next 24 hours. The Physician found George's blood pressure elevated. He was scheduled for a full physical including an EKG for the following week. The staff was asked to continue to document his activities for the next week.

Prior to the physical, George's team met to go over the activity log and discuss with George how he was feeling. During the conversation a staff person noted that George often sat on the edge of his bed and worked on small puzzles rather than doing his large puzzles at the table.

George

stated that the bed didn't make his legs feel fizzy.

George's physical showed that he had an irregular heartbeat, high blood pressure and poor circulation. He is Pre-Diabetic. His balance was problematic. His PSA was high. The PSA issues were most likely the cause of the circulation issues and the reason George had opted to sit on the edge of the bed rather than his chair. The physician stated that George appears to be showing signs of aging along with mild heart disease. Prescriptions were written for a lifting chair, shower and toilet grab bars, cane, and physical therapy along with follow-up appointments with specialists. He also prescribed medications that have side effects of blurred vision and dizziness. George will need diabetes education for possible change in diet to stop progression and control blood sugar.

SAMPLE SCENARIO: GEORGE (cont'd)

George's team met to discuss the changes in his health. Team members include Joan Jones, AAA Supported Living House Manager; Linda Lake, DDA Case Manager; Margie Marks, George's guardian.

The risks identified: Falling, Pre-Diabetes Type II

Falling was determined to have the possibility of major consequences and very likely. Using the Risk Matrix this is rated an "8" or "red".

Pre-Diabetes Type II diagnosis is mostly likely to cause neuropathy and increases fall risk. Protocol developed and is located inside the bathroom medicine cabinet. Using the Risk Matrix this adds to the fall risks and rates "7" or "Orange".

Plan was developed to address falling that includes:

- Install grab bar in shower and
- Install grab bars around the toilet
- Install raised toilet seat
- Order lifter chair and research and purchase appropriate table for George to do puzzles. Funding for chair will be requested from special needs trust account.
- Order Life guard call system for George to wear.

Short-term Plan:

- Change IISP and train direct-staff to use gait-belt when necessary, to ensure that he transfers safely. Standby assist when walking.
- Update Household Essentials sheet.
- Make appointment with diabetes educator and dietician to control progression of diabetic symptoms.

Assigning Responsibility

- House manager and George will visit the medical supply company within 1 week and accompany George to see dietician.
- Program manager will reconvene team to revise the IISP within 2 weeks

Reviews

- Next team meeting is within 2 weeks
- IISP is to be revised within 2 weeks

Risk Assessment Review Worksheet

Name: George Smith DOB: 4/15/1953 Address: 123 State Street,
Seattle, WA

Living Situation (i.e. roommates, lives alone): Lives alone

The assessment must be completed by the Residential Site Manager and it becomes an addendum to the IISP. Use the Risk Matrix to score the risks. The scoring is 0, 1, 2, 3, 4 or 5 and there are two ratings; Likelihood and Consequences. Zero is an acknowledgement that no risk applies. 1 is the lowest and 5 is the highest level of risk. Use this form to list risks which rate a "3" and above on either the likelihood or consequences scale.

Risk Categories:

* Abuse Neglect Exploitation

* Behavioral

* Falls

* Environment

* Legal Financial

* Medical including allergies & skin integrity

* Other

An example of an Environmental Risk might include Interpersonal Roommate Dynamics/Relationships. Behavioral Risks might include elopement or smoking in bed. Some risks might fit in more than one category; find the most appropriate fit. It isn't necessary to list the same risk under multiple categories. Risks should be reviewed whenever there is a change to the client's needs or environment.

| Risk Category | Likelihood Rating | Consequence Rating | Total Rating | Description/Details | Initials | Review Date/Freq |
|---------------|-------------------|--------------------|--------------|---|----------|------------------|
| Falls | Likely | Major | 8 | Change in medical condition: falls likely | JJ | 5/15/13 |
| Medical | Possible | Major | 7 | Pre-Diabetic, also increases fall risk. Develop protocol | JJ | 5/15/13 |
| Medical | Possible | Moderate | 6 | Irregular heartbeat, high blood pressure, elevated PSA, neuropathy. Issues increase fall risks. Need monitoring | JJ | 5/15/13 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature: *Joan Jones*

Date: *5/1/2013*

Title: Residential Site Manager

Personal Safety Essentials

Name: George Smith

Address: 123 State Street, Seattle, WA

Date of Birth: 4/13/1953



12/15/2012

Date of Recent photo

This form is to be completed with summarized information from the IISP and placed in the front of the Client notebook to provide awareness of the high level risks which require the ongoing caution/action of the direct staff. **List only issues particular to the individual which rate a combined score of "5" or higher on the Risk Matrix.** Risk Categories include: Abuse/Neglect/Exploitation; Behavioral; Falls; Environment; Legal/Financial; Medical including allergies/skin integrity; Other

Rating
Circle



| Score | Risk Category | Details/Comments |
|-----------|---------------|--|
| One: 8 | Falls | Accompany to bathroom; standby assist wa |
| 7 | Medical | Pre-diabetic PROTOCOL located in bathroom med cabinet. Must read log at beginning of each shift. |
| | | |
| | | |
| | | |

**EMERGENCY
AGENCY CONTACT
NUMBERS:**

425-555-1212

Agency on Call Number

425-321-1212

(CELL)

Supervisor Number

Agency Plan / Personal Support Plan

George's diet and shopping plan is posted on the back of the pantry door.

**Attention Staff:
For further details see IISP**

Completed by: Joan Jones

Title: Site Manager

Signature: Joan Jones

Date: 5/1/2013

SAMPLE SCENARIO: BONNIE

Bonnie has participated in Supported Living Services for 20 years. She receives 20 direct service hours per month. She often will not be home when her assigned staff person shows up. She does call the agency receptionist daily most often to register a complaint about staff member's actions or complain about neighbors.

She participates in multiple community activities sponsored by local human services organizations and churches. She attends AA meetings almost daily although she has no history of alcohol abuse. She volunteers to help in each of these organizations and often befriends individuals who come home with her and spend the night. Additionally, she is known to go out after dark and deliver food or clothing items to the homeless.

Most recently she has begun going to the casino with a woman she met at a shelter. She has been victimized several times in the past and currently has been paying for the casino trips with money she has earned selling beads on the street corner.

Bonnie's team met to discuss the lifestyle choices/risks. Team members include: Marie Anderson, Agency Program Mgr; Sue Wills, Agency Owner; Max Bloom, AA Sponsor, Rev. Rick, Pastor; Lily Lars, Guardian; Sean Foo, Case Mgr.

Identified Risks: Financial exploitation, Abuse/physical endangerment

The risk of financial exploitation is elevated by the choices she makes in friends. The consequences could be "major" and the likelihood is "likely" making this a priority risk. On the Risk Matrix it would rate an "8" or "red".

The risk of abuse/physical endangerment should be considered as it is almost certain to happen and the consequences could be realistically anywhere from moderate to major. It is most appropriate to label as moderate at this time. On the Risk Matrix this would rate an "8" or "red".

She has signed a contract outlining the issues.

Planning

- ☐ Set up representative payee/ financial guardian
- ☐ Explore available safety classes /resources for learning self- defense strategies
- ☐ Develop contract with her to define expectations

Assign

- ☐ Agency financial office to assist with rep payee application
- ☐ Program Manager within the next 30 days do the following:
 - * Meet with her to develop contract
 - * To petition for financial guardian
 - * To explore possible involvement of community leaders to become team members
 - * To solicit assistance from her pastor to discuss expectations and safety issues

Review

- ☐ Team will meet within the 30 days to review progress
 - ☐ IISP to be updated in 30 days.
-

Risk Assessment Review Worksheet

Name: **Bonnie Dixon**

DOB: 12/15/59

Address: **987 West Street, Tacoma, WA**

Living Situation (i.e. roommates, lives alone: Lives in own home, 20 direct service hours/month

The assessment must be completed by the Residential Site Manager and it becomes an addendum to the IISP. Use the Risk Matrix to score the risks. The scoring is 0, 1, 2, 3, 4 or 5 and there are two ratings; Likelihood and Consequences. Zero is an acknowledgement that no risk applies. 1 is the lowest and 5 is the highest level of risk. Use this form to list risks which rate a "3" and above on either the likelihood or consequence scale.

Risk Categories:

* Abuse Neglect Exploitation

* Behavioral

* Falls

* Environment

* Legal Financial

* Medical including allergies & skin integrity

* Other

An example of an Environmental Risk might include Interpersonal Roommate Dynamics/Relationships. Behavioral Risks might include elopement or smoking in bed. Some risks might fit in more than one category; find the appropriate fit. It isn't necessary to list the same risk in multiple categories. Risks should be reviewed whenever there is a change to the client's needs or environment.

| Risk Category | Likelihood Rating | Consequence Rating | Total Rating | Description/Details | Initials | Review Date/Freq |
|---------------|-------------------|--------------------|--------------|---|----------|------------------|
| Exploitation | 5 | 3 | 8 | Lifestyle choices: making "new" friends" at AA, casinos. Bringing them home to stay with her. | MA | 5/30/13 |
| Behavior | 5 | 3 | 8 | Puts herself in unsafe situations (with good intentions. i.e. helping homeless) | MA | 5/30/13 |
| Financial | 4 | 4 | 8 | Going to casino w/woman she met at shelter | MA | 5/30/13 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature: Marie Anderson

Date: 5/30/13

Title: Agency Program Manager

Personal Safety Essentials

Name: Bonnie Dixon

Address: 123 State Street, Seattle, WA

Date of Birth: 12/15/1959



3/11/2013

Date of Recent photo

This form is to be completed with summarized information from the IISP and placed in the front of the Client notebook to provide awareness of the high level risks which require the ongoing caution/action of the direct staff. **List only issues particular to the individual which rate a combined score of "5" or higher on the Risk Matrix.** Risk Categories include: Abuse/Neglect/Exploitation; Behavioral; Falls; Environment; Legal/Financial; Medical including allergies/skin integrity; Other.

Rating
Circle



| Score | Risk Category | Details/Comments |
|-----------|---------------|--|
| One: 8 | Exploitation | Meeting people at shelter, casino, AA. See contract in IISP |
| 8 | Behavior | Taking food/clothing to homeless late at night. See contract in IISP |
| 8 | Financial | Going to casino accompanied by "new friends". See IISP for ideas to redirect. See contract |
| | | |
| | | |
| | | |

**EMERGENCY
AGENCY CONTACT
NUMBERS:**

206-555-1212

Agency on Call Number

206-321-1212

(CELL)

Supervisor Number

Agency Plan / Personal Support Plan

Bonnie is able to go to the casino. Please remind her about the contract she signed. This can be found in her notebook along with the protocol.

Attention Staff:

For further details see IISP

Completed by: Marie Anderson

Title: Agency Program Manager

Signature: Marie Anderson

Date: 5/30/2013

Section 4:

TRAINING EXERCISES

Brainstorming. Merriam-Webster defines “brainstorming” as: group problem-solving technique that involves the spontaneous contribution of ideas from all members of the group; *also* : the mulling over of ideas by one or more individuals in an attempt to devise or find a solution to a problem.

Following are two simple training exercises with limited information which can be used to brainstorm or train direct staff members. They are meant to allow for creative and effective solutions to everyday life risks and choices.

Planning Exercise 1

Define the desired outcome based on the information you have and outline how you would assess and address the issue of risk. The risks have been identified. Show how you would evaluate, plan, assign responsibility and document the process and schedule it for review.

Name: Julie Johnson

Date: 05/01/13

ALERT: PICA

History: Julie has a documented history of ingesting inedible items, including toxic chemicals. She is very active and inquisitive

Household configuration: Julie lives with another woman in a 2 bedroom duplex in a rural area of Chelan County.

Staffing levels: One: Two with 3 shifts per day.
Three times per week, community access staffing is available.

Identified risks:

Consequences:

Likelihood:

Ingesting toxic chemicals

Desired outcomes:

Planning:

BRAINSTORMING QUESTIONS:

Consider the following: What is the goal? What is the biggest risk? Is it in the house or in the community? How would you prevent issues in the community? How do you define success? How do you plan for success?

Planning Exercise 2

Define the desired outcome based on the information you have and outline how you would assess and address the issue of risk. The risks have been identified. Show how you would evaluate, plan, assign responsibility and document the process and schedule it for review.

Name : John Smith **Date:** 05/01/2013

MEDICAL HISTORY: Seizures, high pain threshold

History: John is a long time participant in Supported Living and enjoys living in the community. His family has passed on so he considers our staff his family. He is always smiling and has a kind word for all.

Household configuration: John lives with his long- time friend, Paul. His 2 bedroom apartment is part of a senior community where enhanced services are provided as needed.

Staffing levels: John receives 6 hours of direct staff time per day. His friend Paul provides informal support at night. Social worker and nursing services are available as needed through the senior community.

Identified risks:

Consequences:

Likelihood:

Falling / Unsteady gait
Fall while showering
Injury or illness

Desired outcomes:

Planning:

BRAINSTORMING:

Consider the following: How do you structure his time to keep him active? Redirect him to appropriate activities. Get more friends as mobility declines? What are his goals? How do you define success? What are the consequences of his risks and how do you address them with limited resources?

*Let's make a
Difference...*
